

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 3, 2003

Re: IRO Case # M2-03-0899

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 35-year-old male who on ___ was pulling pipe and developed back pain, with extension into the left lower extremity. He had no history of such trouble. Examination failed to reveal any reflex, sensory or motor deficits, and straight leg raising was reported as being negative on 7/31/01. An MRI of the lumbar spine on 8/7/01 showed a very small central L5-S1 disk rupture with facet degenerative joint changes that failed to cause any significant thecal sac impingement or nerve root compression. The patient's pain persisted despite conservative measures. Discography on 2/20/02 was normal at the L4-5 level, but at the L5-S1 level did show concordant pain, which extended from the back into the left lower extremity. The notes regarding the concordant pain were from the discographer. The radiology notes do not refer to the concordant pain.

Requested Service(s)

L5-S1 Posterolateral Instrumentation and fusion

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

The extensive procedure proposed is not indicated at this time because the patient is neurologically intact and fails to show any evidence of instability. The failure of conservative measures suggests that a less extensive procedure may be beneficial.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 9th day of June 2003.